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COOKE, John

Dr. Morton returns to Boston.
1946.

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Dr. Morton Returns to Boston

BY JOHN COOKE, BOSTON, MASS.

Possibly a few people will be interested to learn that I came back to Boston for a brief visit, after an absence of almost 90 years. This interval is not important, since on my side of the river there is no time. It may be enlightening to state that I have many times renewed my associations with Horace Wells, and with Sir James Simpson, and that I met and have been friendly with Dr. Crawford Long, whose Georgia location made our meeting impossible back in the late 1840's. This is not an account of what I have been doing for 90 years, because I think that few would be interested. So few, so very few, in fact, are ever interested in what they do not understand.

Just the other day, as time goes, October 16th, 1945, it was 99 years since I demonstrated the anesthetic properties of sulphuric ether at the Massachusetts General Hospital. Again writing in terms of time, I suppose that my name will be mentioned frequently and with some praise during the year to come, and that, on October 16th, 1946, there may be meetings here and there which will commemorate my so-called contribution to the relief of human pain.

This is a strange thing to have now, since I have been thinking so little in terms of time, but 100 years is a long period in a man's existence here and there. Some of the thoughtful kindnesses now directed towards me I could have used, and used well, in the years that followed October 16th, 1846.

I have wanted to look at Boston because there is something unchangeable about its character. And when I say its character, I mean the characteristics of the human beings who make their residence there. Naturally, I know that the physical background has changed. The tidewater no longer causes damp smells for miles along the Charles River; but there are other smells, not all of them good. The physical location of my demonstration is still present, in part, but the buildings around it have mushroomed, and blossomed and raised their heads high to the sky.

In my day, the medical school was located on Mason Street, a short block south of Tremont Street, not far from where the Adams House used to be, and where, I am told, they print the Boston *Herald* and *Traveler*. Medical education moved closer to the hospital some years later, and then moved away again, stopping in the Fenway with an intermediate visit in back of and west of the Boston Public Library. So, now, if you wish association with the Massachusetts General Hospital while you are in medical or dental school, you travel several miles.

I remember, as though I could ever forget, the sense of inferiority that I experienced when I came to Boston. I had gained a meager education in dentistry, although it was the best there was, while the first school in Baltimore was still an infant. I learned my dentistry the hard way, and was in the process of acquiring a medical background, when my interest was completely taken by the possibilities of the relief of pain, both for surgery in dentistry and for surgery elsewhere. This was a worth while objective, and I owe to Dr. Jackson, for pay, it is true, the facilities at his disposal, and what scientific knowledge he possessed. I was not indebted to him for the courage to undertake a public trial of the compound and of my method; this courage was my own, and was conspicuously absent in him, until it seemed possible that he might assume the credit for my discovery.

I cannot be sorry that our relations did not continue to be friendly ones, and, I might add, I have met him nowhere during my journeys in various places the past 90 years.

I might, I think, have evidenced more charity in the case of Horace Wells. I couldn't have realized until it was far too late, how mercurial were this young man's emotions, and how violently he reacted to slight and to failure. He should have responded as violently to success. I might have acknowledged my indebtedness to him for the *idea* of anesthetic sleep. He could and did manage nitrous oxide with a skill far superior to mine. I can make this statement honestly, in spite of the apparent failure of his demonstration in Boston. It is perhaps fitting to mention that the induction period with most gas anesthetics was not infrequently a little turbulent. (Even now, perhaps.) However, the ether experiments were mine, and the demonstration was mine, and I am afraid that I had to die and to stay dead a long while before any credit attached itself to my name.

My sensation of inferiority, in the presence of my so-called medical colleagues, was an actual one, although there was no reason for it. This sensation, this complex, and it is just that, is something that has afflicted dentists and dentistry ever since, if I can believe the reports I occasionally have received from this world. It is, I think, worth more than passing comment.

Dentistry, and I was a dentist, and no more, has encountered the growing pains of a young art or a young science, call it what you will. It has attempted, and successfully, to enter the brotherhoods of educated human beings, not that education in itself can make a supreme technical artist, but that education is a habit of mind, and can stimulate a faculty of adaptability to changing environments. Dentistry started from medicine, and will probably never separate

itself from the so-called parent body. Indeed, it should not be separated. However, it has lived for so long on the fringe of medicine, borrowing titles, hiring teachers, and imitating habits, that its own position as a professional field has never been determined, and is not even now very certain.

My own accomplishment was a considerable one, although almost wholly fortuitous. By this I mean that nearly anyone else could have done the same thing. The fact remains that Wells and I, to close a gap which has existed for too long, did something which no physician had ever attempted publicly, and which might have served as a stepping stone to a greater accord between medicine and dentistry. I make all allowances for Dr. Crawford Long who antedated me as an anesthetist, but who did not publish his work, possibly because he was too busy; it seems impossible that Long could have failed to appreciate the significance of his accomplishment.

In my day, and of course I refer to my activities as a dentist prior to 1846, the removal of a tooth was a fearsome procedure. I think I could not have appreciated this wholly at the time. Possibly, one of the reasons that I became so fascinated by the prospect for the relief of pain was that I probably caused more pain, oftener, than my respective physician friends. You see, my patients usually recovered, and many subjects (victims) of surgery did not. Consequently, my patients lived to suffer again and again, until there were no more teeth. There was formed, in comparing my dentist function with that of the surgeon, an isolation about surgery never experienced by a patient in a dentist's office. That growth on the neck of the man I put to sleep probably was operated on but once. (That is, if it did not grow again.) Consequently, his initial experience with ether might well have been his last, and the atmosphere of surgery might thus have maintained a favorable reputation. Contrast this, if you please, with the tooth troubles of my patients 100 years ago. It is possible that the comparison may be still good today in a psychological sense. Only the brave or the wealthy or both consulted me. We resorted to gigantic doses of narcotics, which probably did more harm than the pain would have caused. We used our share of alcohol as a beverage and as a hypnotic. Fortunately, most of the teeth we filled were already badly mutilated by caries, and they could not have hurt too much. What these wrecked teeth may have done to the patient's health, only Hunter first pointed out, and even he couldn't have known the whole story. It is to be hoped today that the psychology of comfort, and freedom from pain, and gentleness are characteristics to be found in every dentist and in operation in every dental office.

I seem to have heard vague rumblings of slogans about mouth

health, the importance of teeth to health, and the increasing demands of science upon dentists. Again, in my day, and you must pardon me for referring so frequently to it, the privilege of being treated by a dentist or a physician, sometimes a dubious one, was not a universal privilege. Much less a privilege in dentistry than in medicine. If there is such a thing as the right to health and happiness, then this right should be extended to everybody everywhere, to the end that what dentistry has to offer at any period can be to the benefit of all of the public. If the dentist still feels inferior, and I suppose he does, this is one step to lift him above his present station.

I lived a bitter few years after 1846. I was supported no little by my friends and acquaintances in the medical profession. I might, I think, have completed my work in medicine, if the successive discouragements and financial failures incident to my so-called discovery had not discouraged and sickened me. As it was, as I became ill, I became bitter, and could nearly have prayed that the privilege of demonstrating the first anesthetic had not been my lot. I suppose that I was not a philosopher. If I was anything, I was a zealot, possibly blind to the results of publicity sent in my direction. But there have to be both philosophers and zealots, the former to appraise and to meditate, and the latter to run blindly, rough shod, towards an objective all too frequently hastily selected.

There are difficulties in imitation, and I mention this because dentistry has imitated and is imitating medicine. It appears to be characteristic of young people that they imitate their elders, and that they sometimes copy many unadmirable features. This may have been so with dentistry. It may have been true with me in my attempts with ether. However, a mature observation, and surely mine must be mature, would indicate two points of criticism. In the first place, dentistry is maturing too rapidly to be guilty for long of imitating undesirable traits. And, second, there is too great a burden upon medicine, as a parent body for dentistry and many other fields, for it forever to continue to evidence pettiness, and blindness, and dog in the manger jealousies.

Finally, since I am entitled to speak a word in my own behalf, I am inclined to think that the so-called discoverer of anesthesia might well become an influence and not a person, and, if honor is offered and memories refreshed, that the combined efforts of at least three American professional men be mentioned in unison and with affection.

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December 18, 1946

Dr. John F. Fulton
333 Cedar Street
New Haven, Conn.

Dear John:

Dr. John Cooke, a dentist of Boston, published in the New York University Dental Journal an interesting paper on Dr. Morton. Unfortunately, this journal has a very small circulation and also no reprints were ordered. I have induced Dr. Cooke to have the paper reprinted and enclose a copy for you.

If acknowledgment is in order, please do so to Dr. John Cooke, 60 Charlesgate West, Boston 15, Massachusetts.

Yours sincerely,


Henry R. Vieta, M.D.
Librarian

HRV:LaR
Enclosure

